HEALTH

ESTD. 1923

A JOURNAL DEVOTED TO HEALTHFUL LIVING

21 AUG 1955
MADRAS

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Telegram : "ANTISEPTIC"
Telephone : 2163

HEALTH

Founded by the late Dr. U. RAMA RAU in 1923.

An Illustrated Monthly Devoted to Healthful Living

Editor : U. VASUDEVA RAU, M.B., B.S

Editorial & Publishing Office :

323-24, Thambu Chetty Street, Madras-1.

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Annual Subscription : Rs. 2-8. Foreign : Sh. 5. Post paid. Single Copy As. 4.

Editorial and Publishing Office : 323-24, Thambu Chetty St., Madras-1.

Vol. XXX DECEMBER, 1952 No. 12

VIGILANCE WORK
AGAINST COMMERCIALISED VICE AND IMMORALITY

PRESIDING at the anniversary celebrations of the Vigilance Association on the 18th Oct. 1952, Shree Sri PRAKASA, the Governor of Madras regretted that the public support to the activities of the Association fell considerably short of even the most modest expectations. If people spoke about this social evil, responsible for the great increase of venereal diseases in India, they were suspected of being bad people by their fellowmen. Shree Sri PRAKASA divided the general public into two categories: "One class of good conventional men and women who did not wish to touch upon these matters, because they feared that if they did, other people would get a bad impression of them. The second category comprised those who were personally interested in the problem but did not want anything done. There was therefore, the need to educate the public before any legislation could produce the desired effect". Sri Justice P. SATYANARAYANA RAO, President of Vigilance Association, referred to a directive principle in the Constitution *viz.*, that the Government should look after the health, education and prosperity of the citizens. "The Association was striving hard", said he, "to prevent the evils to which unfortunate women succumbed; the evil of seducing girls for immoral purposes was increasing day by day and unless public co-operation was forthcoming in abundant measure, it would not at all be easy to eradicate this social evil which presented a very acute problem." The Association had 45 branches in the State in 1946,

but most of them had since ceased to function for want of public support and co-operation. Legislation had not achieved any significant success. In fact, the greater the legislation, the more the evil went underground. The Association has been agitating for the amendment of the Suppression of Immoral Traffic Act, but without success. Mrs. CLUBWALLA the indefatigable Secretary, who has been working heart and soul in the cause of women's welfare, presented the annual report in which she said, "In many cases, the offenders, brothel keepers, escaped with fines when prosecuted. Light sentences of fine only, had no deterrent effect on these cankers who eat into the vitals of social and moral well-being of the people." Mrs. MONA HENSMAN attributed the increasing menace to two causes *viz.*; the economic depression and the large influx of refugees from Northern India who had lost their all. There were more men than women in India at the moment and every woman wished to marry and settle down in life, if she possibly can. Dr. R. V. RAJAM, expert in Venereal Diseases, explained the physical consequences of prostitution and urged the need of voluntary workers in enormous numbers all over the country, effectively to prevent this commercialized vice.

It was indeed, a very modest demand that the Vigilance Association made of the public and of the Government at that meeting. In their strenuous and hard work extending over 27 long years in this State, the leaders of this movement have met with apathy from the public and have had to face opposition from interested persons, besides the defects in the relevant legislation. The absence of rescue homes in most centres where the young girls and women rescued from houses of ill-fame could be sheltered and cared for, has been the greatest of handicaps. It is a hurdle race that these workers have been running all the time. Mobilisation of public opinion is what is most urgently needed, even more than the tightening up of legislative enactments. Vigilance workers should really concentrate all their attention on the class of society and the kind of family from which most of these poor victims are recruited. A happy family life and adequate economic conditions and standards are the *sine qua non* of decent society; so it is really better and easier to advance these aims than to try to tackle the social malady at the wrong end, where innocents allow themselves to be seduced and exploited by promises of money, or a glorious life of ease, splendour and revelry. It behoves us to organise our social systems on sound lines. The Government on their part should immediately tighten up the provisions of the Suppression of Immoral Traffic Act and make all offences under it punishable with rigorous imprisonment for long terms and with heavy fines. The Government should also see that all anti-social elements in towns and villages are watched by special police officials and effectively prevented from colluding with their counterparts in the metropolis. The detection of offences under this Act at present is

very perfunctory and in fact the brothel keepers appear to thrive under the Act, because of the half-hearted way the Act is enforced.

THE SANITARY INSPECTOR IN ENGLAND AND IN INDIA

According to Lord Milner the name "Sanitary Inspector" has led to misconception. "The man in the street" imagines "that a Sanitary Inspector is a man who spends most of his time examining the drains, occasionally samples milk, and generally does a number of disagreeable but necessary jobs." Lord Milner who was delivering the presidential address at the Sanitary Inspectors' Association's Conference at Brighton, enumerated some of the names which had been tried in the past. Among these were "Sanitary Police", "Sanitarists," "Inspectors of Nuisances" and "Sanitationists." The American version "Sanitarian" had not found favour in England.

In India, "Sanitary Inspector" is the common expression in use and the man in the street has the same or a not dissimilar conception of the Sanitary Inspector and his duties. The Sanitary Inspector of the rural areas is called a Health Inspector and the villagers dread this individual; you can see children flying away into hiding at the sight of him and his vaccination kit. He has multifarious duties to perform and numerous villages to visit. In the Madras State, with the introduction of the District and Municipal Health Officers in 1921 the Sanitary Inspectors and Health Inspectors were placed under stricter supervision; vital statistics during recent years have been more reliable than ever before and the preventive aspects of diseases, particularly cholera and plague have received greater attention. There is still much more to be achieved by greater attention to the practical side of disease-control, and by relieving them of an unnecessarily large volume of scriptory work. Quite recently these Inspectors in Municipalities and the Districts have been given the glorified name of Health Assistants—assistants *to* the Health Officers and not Assistant Health Officers. Just as in the olden days, Sub-assistant Surgeons of outstanding ability were promoted Civil Assistant Surgeons, the reservation of a small number of posts of Assistant Health Officers (now held by L.M.P's. with Health Diplomas) for the really capable and diligent Senior Health Assistants, would offer greater incentive and make them work hard and earn this promotion.

I can see how it might be possible for a man to look down upon the earth and be an atheist, but I cannot conceive how he could look up into the heavens and say there is no God —*Abraham Lincoln.*

The Essentials of Healthy Living

IN A CHANGING WORLD

Miss. N. JANAKI, L.I.M., Gobi, Chittoor.

THE advent of modern and essentially occidental civilisation has eclipsed oriental culture and its traditional lore. The amenities of modernity in transport and other essentials of life have conspired to bring in their train new diseases and new habits and modes of living amongst us which have greatly undermined the health of the Indian nation as a whole. The bustle and worries, the cares and anxieties incidental to the competitive daily routine, sap the energies and vitalities of our modern youth. By comparison with the preceding generation, each succeeding generation is becoming definitely poorer in health, physique, powers of resistance and of endurance. Our grandparents and those who have gone before them were definitely sturdier and healthier and led happy lives free from the turmoils and fashionable vices of today.

The W.H.O. constitution defines health as "a state of physical, mental and social well-being and not merely the absence of disease or infirmity". In order to secure this we should all learn to prevent diseases due to infective germs, to food deficiency, and other avoidable causes; we should also learn to improve both physically and morally, as such progress is quite essential. A knowledge of dietetics, healthy environments, hygienic methods of living and clean habits, is quite essential for maintaining health. A pure water supply is also necessary to ensure freedom from water-borne diseases. To appreciate the value of the above factors, an elementary knowledge of physiology, hygiene and food values is indispensable to every person.

The average adult male not engaged in physical work, requires 2400 calories per day as the basic requirement; the man engaged in light work, moderate work, hard work, and very hard work should respectively have 75; 75 to 150; 150 to 300; 300 calories and above per hour of work. In the case of persons engaged in heavy manual labour the caloric figures go up to 3600. In addition to its caloric value the food should contain 70 to 80 gms. of protein; 2 to 3 ounces of fat; one gm. of calcium; 20 to 30 mg. of iron; 3000 to 4000 I.U. of vitamin A; 1 to 2 mg. of vitamin B_1; 2 to 3·5 mg. of riboflavin; 15 to 20 gms. of nicotinic acid; 50 mg. of ascorbic acid and 400 to 800 I.U. of vitamin D. These are indeed somewhat highly technical details not easily understood by the man-in-the-street; so for all practical purposes a daily diet composed of the following will answer the purpose quite well. Rice 9 oz.; millet 5 oz.; pulses 3 oz.; non-leafy vegetables 6 oz.; green leafy vegetable 8 oz.;

milk 4 oz.; fat and oil 2 oz.; sugar or jaggery 2 oz. This menu approximately contains all the essential food factors, for meeting one's daily requirements. Children require proportionately less of these food factors; thus, during the 1st week, the baby requires 200 calories; by the end of 30 days it will need 240 calories; and by the end of 12 months it should have 800 calories. If the baby is not properly fed it is liable to get ill with digestive troubles, fevers, imperfect formation of bone and teeth, anæmia and several other deficiency diseases like, beri beri, rickets etc.

Dullness, lack of enthusiasm for work or play, a rough dry skin, papular skin eruptions, flexible bones, bandy legs, dullness of vision, soreness of mouth, diarrhœa with or without vomiting, a flabby abdomen, constipation, cough, frequent colds are all manifestations of deficiency diseases, caused by malnutrition. Very often children suffer from acute symptoms of convulsion with or without spasm. Certain cases may also prove fatal, as a result of neglect.

Over-feeding among the well-to-do is not conducive to good health. It is therefore, necessary for all mothers to know how to feed and bring up a child properly.

The rate of infant mortality in India is very high. During 1948 the birth rates per 1000 of the population was 25·4; 23·1; 26·9; 18·1; and 24·4 in India, Australia, Canada, U.K. and U.S.A. respectively. The infant mortality rate in India per 1000 live births is 131 out of 25·4 of birth rate while the mortality figures for Australia is 28; Canada 42; U.K. 36; U.S.A. 32.

The outstanding feature in the Indian death rate is the high incidence of mortality of infants during their first year; and of women in childsbirth and women of the reproductive age-group. "The infant mortality rate is very high, nearly one fourth of the babies born dying during their first year. According to official estimates, about one half of the deaths among infants occur in the first month, (nearly 60 percent of these in the first week). Mortalities remains high throughout early childhood. About 49 per cent of the total mortality in any given year is among those below 10 years of age, while the corresponding figure for the United States and England is under 12 per cent. As for maternal mortality, the figures are equally shocking."

Sir John Megaw, a former Director-General of the I.M.S., in India, in a random sample survey found the maternal mortality rate to be 23·5 per thousand births. He observed that at least 200,000 women died every year during childbirth or 100 out of every thousand girl wives are doomed to die in child-birth! "Out of every 100 babies born, 25 die by the time they reach their first birthday. When the fifth birthday arrives, forty per cent have disappeared through death, and when the twentieth birthday is at hand only 50 per cent are left. By the sixtieth birthday only fifteen per cent survive".

Even allowing for the specifically bad conditions obtaining in India through poverty, ignorance and famine, the mortality rate is

still very high. If every father would learn to plan and limit his family to suit his economic status, and if every mother would only co-operate in this plan in an intelligent manner, it will be possible to minimise infant and maternal mortality in the years to come. Some amount of culture, and an elementary basic knowledge of physiology and hygiene together with an aptitude for selecting food materials of the right kind, will certainly go a long way in ensuring long life and happy homes.

The training of the body and of the mind is essential to enable people to live in peace and tolerable comfort. Our grandfathers lived long and happily, because of their equanimity of temper, poise of mind, steadfastness of purpose, healthy habits, avoidance of excesses in all matters particularly in the matter of sex-indulgence and a total abstinence from all vices like smoking and gambling. Drinking was also confined to the hard-working labouring classes and to the fermented juice of the indigenous cocoanut palm tree. But due to impact of the materialistic Western civilization, our spiritual outlook and cultural traditions underwent a rapid change for the worse; people learnt to smoke, drink, gamble and indulge in vices and unsocial habits, and delight in seeing sensational and unhealthy cinema films, all of which together with the evils of wars, pestilence, and famines, brought about great deterioration in the health, and also in the spiritual and moral outlooks of the majority of Indians. It is high time, therefore, that in Independent India, all of us learn the value of health and spiritual well-being to enable our country to rank in the forefront of the world's comity of nations. JAI HIND.

Flowers of Speech (Medical Parlance ?)

An oddity of medical technical terms is their unexpected similarity to the names which the botanist gives to plants. Mr. Brown, the Editor and Dramatic critic to the *Observer*, London, also author of a number of books quotes Sir John Squire's *jeu d'esprit* :—

How long ago upon the fabulous shores
Of far *Lumbago*, all on a summer's day
He and the maid *Neuralgia*, they twain
Lay in a flower crowned mead and garlands wove
Of *Gout* and yellow *hydrocephaly*.
Dim *palsies*, *pyorrhoea* and the sweet
Myopia, bluer than the summer sky
Agues both white and red, pied *common cold*
Cirrhosis and the wan, faint flower of love
The Shepherds call *Dyspepsia*.

We live in an age, in which language bedevils the whole of life by becoming daily more complicated and less understandable, *an age in which specialist begets specialist*, each bent on making it as difficult as possible for his fellows to grasp what he is talking or writing about. The formation of a "Plain English Society" is really long over-due.—(*Medical Press*, 7-5-1952).

Married Life After Middle Age

MARGARET CULKIN BANNING

TODAY, as life-expectancy has grown longer the scientific study of the later years has become increasingly intensive. All kinds of ways to occupy the minds and abilities of those past middle age are being explored in an effort to prevent unhappiness. But too often the problem that interests people most deeply *viz.*, their own human relations and the continuance of their sex-life, is left to conjecture, wishful thinking or worry. Are the post-child bearing years also a post-sexual period ? Many people are not sure.

In this area of human behaviour, ignorance and shame can do as great harm in maturity as in adolescence. It is constantly revealed to doctors that many women believe sex-life is wrong, unhappy or shameful after the menopause; that many men believe their powers will fail before they attain normal life-expectancy.

These two complete misconceptions have resulted in jealousy, cruelty and infidelity and have wrecked many happy marriages. There is no reason why they should do so, for a great deal of authoritative information is available that should destroy such worries and fears.

There is no sin, no wrong, no outrage in long-continued sex-life in marriage. For both husbands and wives who fully understand the meaning of marriage and the inter-relationship between the physical, emotional and spiritual factors, the sex-relationship after the menopause, can still be a rich and rewarding expression of love.

The Catholic church concurs. A statement that is attributed to A. Balleimi, Professor at the Gregorian University in Rome, says explicitly: "Married people are at liberty to make use of their marital rights even when the wife can no longer conceive because of age."

In the "*changing years*" Madeline Gray writes : "For those of the Jewish faith, sex communion between husband and wife from the celebration of marriage until death is a ritual and a trust."

Woman's sex desire after the menopause is generally about the same as before, and in some cases actually increases. The late Dr. Frederic Loomis, in his book "*Consultation Room*", stated: "There is a definite upward surge in the sexual lives of many women at 40 or 45 or even 50—a recrudescence of the flame that has perhaps been dimmed by work or worry." With the fear of pregnancy removed, many women enjoy sex life more than at any other time during their marriage. Their families are complete, and they can offer their husbands love without the thought of the increased responsibility it can bring.

As for the man, his fears of losing his sex are usually baseless Dr. Miriam Lincoln writes, "Nature has endowed the male with an

almost life-time possession of physical ability and emotional interest." Dr. Edmund Bergler, an authority in the field of impotence, says, "sexual activity stabilizes itself in the late 30s or early 40s on a moderate level and remains more or less unchanged until the late 60s or early 70s, provided organic disease does not occur."

"Nor do operations such as histerectomies or removal the womb or removal of the prostate gland result in loss of either sex interest or enjoyment," medical authorities point out.

Men especially need these statements and reassurances. For, with men the fear of growing old is, as a rule, inextricably and subtly tied up with reluctance to abandon, or to be thought incapable of sexual activity. This last is a matter of the deepest masculine pride.

True sexual happiness is not to be found, however, merely because religious and medical authorities say it is possible. This happiness is an intangible and mysterious thing; it is based on physical unity, but it must draw the physical aspect into mental and spiritual areas, if it is to take root and grow. Too often, a sense of unsuitability surrounds middle-aged love, particularly among women. That this is so, is largely the fault of misunderstanding among older people themselves.

For physical love at its best has long been associated with youth and physical beauty. Young people have always believed that, properly it belongs to them; poets and novelists have fostered that idea, and the claim has been generally conceded by older people.

You have often heard a member of the older generation call another an old fool when a man of 60 married again or a grandmother took a new husband. In such mockery, there is, however, usually a note of jealousy. "At her age? ...." they will say, derisively—but a sharp ear can hear the envy.

Many older people *are*, in fact, fools in their attempts to retain the benefits and pleasures of continuing sex-life. Because, secretly they believe that these belong exclusively to youth, they try to falsify their own ages. They become absurd in appearance and in conduct. They deliberately fall out of their own generation and try to find room in a younger one. But they deceive nobody for long and only exhaust themselves trying to compete with the energies of youth. There are far better ways to achieve what they basically want, and mature men and women are beginning to find them out.

One doctor has said, "there is no time-limit on sex". This is what everyone should be taught and as early in life as possible.

On this foundation, each person can fearlessly and honestly build his or her own sex-life. The activity will vary with the passing of time, but it need never degenerate. For as sex accompanies later life, it becomes wiser, more informed, less selfish and less crude. It may be physically less beautiful at 60 but it can be even lovelier emotionally. It relates itself to philosophy as well as to poetry and is therefore less dependent on appearance and more dependent on character.

"Sex" wrote D. H. Lawrence, "means the whole relationship between men and women. The relationship is a life-long change and a life long travelling. At periods sex desire itself departs completely. Yet the flow of relationship goes on all the same, undying and lasts a life-time."—From *Reader's Digest*, October 1952.

The Doctor's Duty to the Patient and The Case for the Family Doctor

It is not enough if the doctor investigates the troublesome and often baffling complaints conscientiously and treats the patient with devotion and care. One of the medical practices which must be termed psychologically unsound even in such conscientious and zealous doctors, is that of keeping the patient ignorant of the facts of his illness. "One result of this practice," says Dr. Barhash, a leading psychiatrist of the U.S.A., (*Jour. Am. Med. Assoc.*, 25 8-'51), "is that the American public has developed the habit of seeking medical information from a variety of lay sources". Confusion, anxiety and the mass stampeding to the use of untried drugs of doubtful utility are only a few of the undesirable effects. It is everyday practice for doctors to give vague, non-committal names to the conditions for which they treat their patients and to give treatments without identifying or explaining them. This conspiracy of silence has a most unfortunate effect. It creates an atmosphere of mystery and confusion in which the patient is blindly buffeted between fear of the unknown and hope for magic! Openness with the patient will give the physician a more secure position of trust, confidence and respect and will relieve the patient of that sense of anxiety which all persons feel when they are kept in the dark.

Let us take for instance, the case of tonsillectomies performed on children, often carried out at the impressional age. The child is taken out of the house hungry, and brought to a strange and somewhat fearsome place—the hospital or the surgical clinic. The hungry and therefore, apprehensive child is often kept waiting for a long time and he hears and sees things which tend to increase his fears. He is then separated from his father or mother, usually by a strange and sometimes masked attendant or nurse. He sees other masked or robed figures with aprons and rubber gloves, smells strange smells, is given a painful injection, has a mask put over his mouth and nose and is compelled to breathe 'something which chokes him'. Is it at all surprising, that to the uninitiated child the most obvious and natural conclusion is that he is being killed and that all the strange doings are nothing more than an accompanying ritual? These are experiences, related by many children and by many more adults, to the psychiatrist—doctor

of mental ailments—when they come for treatment, and recall traumatic experiences of childhood.

As a first requirement, the physician should be honest with a child facing a tonsil operation. Depending on the age and the intelligence level of the child, the physician should tell him what is wrong. Children understand much more of important things than we give them credit for. What they fail to understand are not facts or ideas but rather the complex and distorted technical terms used by the doctors. Beyond being honest and communicative, the doctors should be in a position to anticipate the patients' major sources of anxiety. If possible the child must be introduced to the scene before the operation. The mother or father should be with the child to the point when he is anæsthetized (chloroformed) and immediately on his awakening. By way of anticipating sources of anxiety the doctor should know that the mouth, as one of the early, primary sources of physical gratification, is emotionally very important to the child; he should also know that some children will look on surgical procedures as a punishment for crimes which they imagine they have committed. The child should be told about what is to be done, in a way that reassures him.

When intuition, sensitivity, decency and common sense are supported by proper psychological knowledge, then we can speak of the result as psychiatric techniques and these are available not merely to the mental expert but to all alike. The health needs of the population demand that may be adopted as everyday techniques by *every one practising medicine.*—(Lewis C. Park, M.D. in *Am. Jour. Psychotherapy*, 6, 2, 382-386, April 1952).

Favouring the Family Doctor

THE trend in medical practice for some years has been toward specialization. This has been a natural result of the enormous growth in medical knowledge. But Dr. Louis H. Bauer, President of the American Medical Association thinks however, that the pendulum has begun to swing the other way. In an address published in the *New York State Journal of Medicine* (Vol. 52, p. 1806), Dr. Bauer says he is glad to note this change. He believes that not more than fifteen per cent of all cases, require the full time services of a specialist. Complaints are often heard of the difficulty in obtaining a family doctor. He has a big advantage over the specialist in knowing the patient's background. Calling in an outsider means inconvenience and added expense.—(*Good Health*, 87, 9, Sept. 1952).

There is no cure for birth or death save to enjoy the interval.—*George Santayana.*

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THE VALUE OF Basal Temperature Records of Women

(MODERN AID IN DIAGNOSIS)

Erich Geiringer, M.D., Edinburgh.

THE trouble with general practice is that the family-doctor does not, and cannot, give his patient the full benefits of modern medical knowledge. Both patients and doctors realise this, and as an inevitable result general practice has lost in status, importance, attractiveness and reward. The reason for this decline is, that the advance of medicine, had led increasingly to the employment of costly, time-consuming and complicated methods of investigation and treatment, which must for ever remain outside the scope of the practitioner and which are in the keeping of the specialists and their technical staffs. A consultant used to be a man of superior experience and understanding who was, however, using knowledge and methods of the same order as the man who was asking his opinion. He was a *primus inter pares* (first among equals). Now-a-days, a consultant may or may not be a man of superior experience and understanding but he disposes of knowledge and methods of a different order to that of the practitioner, so that the word 'consultation' has in most cases lost its original meaning. *The busy general practitioner* is becoming more and more a *signpost to the nearest hospital.* The only way to restore the dignity of general practice is to find simple, quick and reliable methods by which the tremendous advances of medical knowledge can be incorporated in the day to day practice of medicine. The recording of basal temperatures in women is one method which is suited to the conditions of general practice and by which recent advances in knowledge can be applied. It should, therefore, be used much more widely than is the case at present. It was discovered by Van de Velde in 1904 that the basal temperature of women undergoes a characteristic change with the different phases of the menstrual cycle. Shortly before the onset of menstrual flow the temperature falls fairly rapidly to a level which it maintains with minor fluctuations throughout the first half of the next cycle. On the approximate day of ovulation a further small fall often occurs. The next day the temperature begins to rise and remain high, often at more than one degree above the pre-ovulatory level, until the pre-menstrual drop occurs. The recording of basal temperatures must be left to the patient. The doctor's part is limited to teaching the patient the correct use of the thermometer and to the interpretation of the record. The patient is instructed to put the thermometer under the tongue on waking and before she has had anything to eat or drink and to

keep it there for 5 minutes. The doctor makes the patient take her temperature in his presence and checks her answers until he is satisfied that she knows how to read it. Even so, he will be wise to accept the first two weeks' readings, with a grain of salt. The first thermometer will usually be broken in a very short time, but thereafter most women settle down into a satisfactory routine and begin to regard the procedure as a very good way of spending a few more precious minutes in bed. The uses of this simple procedure are numerous. In the first place it creates households with thermometer, and women who can read them, which in itself is a great help in the daily round. Moreover, it provides the doctor with precise information about the normal temperature levels of his women patients and enables him to detect more easily, temperatures altered by illness. Some women run on a high level; their low phase fluctuates about 98·4°F and for two weeks in every cycle, such women will have temperatures, up to 99·6°F without being or feeling ill. On the other hand, women with a luteal temperature of 98·4°F may, in the early phase of the cycle have a normal temperature of 97·4°F and then a reading of 98·4°F may represent a considerable degree of pyrexia. The average temperature level may provide a clue to certain endocrine disorders.

What are the specific uses of the basal temperature record ?

1. *Primary and secondary amenorrhoea* (suppression of menses):- It directs attention to possible extra-endocrine causes for the amenorrhœa. Disappearance of the characteristic curve with irregularly fluctuating temperatures in a previously well regulated woman, points to menopause and the absence of any cyclical change justifies the diagnosis of endocrine dysfunction and the institution of hormone therapy.

2. *Diagnosis of pregnancy* :— The high temperature phase rarely exceeds 14 days in duration. A prolongation of this phase for more than 17 days is an almost certain indication of *pregnancy*. Thus a confident diagnosis of pregnancy can often be made at a time when neither examination nor any of the biological pregnancy tests can provide any information—and this at no additional cost or trouble whatsoever. The temperature remains elevated for the first 7 months of pregnancy and any marked fall of basal temperature during the period is a valuable sign of impending *abortion*.

3. *Infertility* :—This common and important complaint is often referred by the general practitioner to the nearest specialist. Yet by the employment of a few simple methods of investigation many cases would never need to be so referred at all, and the rest could be referred with sufficient information to save considerable time, trouble and inconvenience to the patient. Having excluded, by examination and palpation any gross local abnormalities, the general practitioner tells the patient to keep her basal temperature records. She returns once monthly for inspection of these records. The existence of a biphasic temperature curve proves conclusively the occurrence of ovulation. Since

the only common abnormality that remains to be excluded in the women is obstruction of the Fallopian tubes, the G.P. might at this point direct his attention to the husband and refer him to the sterility clinic; in this way, many women can be saved long, unnecessary and unpleasant investigations. At the same time, the basal temperature records will after some months, enable the doctor to calculate with a fair amount of accuracy the likely date of the next ovulation. He can then give advice on the best days for intercourse. In this way many cases of infertility can be brought to a successful conclusion without, or with little, help from the specialist. The status of the doctor and his satisfaction with his own work will be correspondingly increased.

4. *Contraception*:—It is notorious that the weakness of most contraceptive methods lies not in themselves but in the people who use them. The use of the "safe period" is often vitiated by the difficulty which many patients have in calculating that period correctly. Teaching women to keep their temperature records puts this method on a much more secure and simple basis. The patient is told that intercourse is safe from the second day after the temperature has risen until 5 days after menstruation has started. Thereafter and until the temperature rises again, unprotected intercourse may result in conception. Provided the patient is of normal intelligence, this is a most satisfactory method of contraception as it takes account of the vagaries of the menstrual cycle.

5. *Cyclical disturbances*:–Many minor complaints in women are more or less closely bound up with the menstrual cycles and run a periodic course. Nervous, allergic and skin disorders especially tend to fall into this category. Complaints which are recurrent or exacerbating with the onset of or during the menstrual period are likely to be ameliorated by the administration of œstrogens; periodic complaints of the premenstrual phase can often be relieved by suppression of ovulation or by progesterone administration.

6. *Research*:—Physicians of a former age held that most diseases in women could be related to disturbances of the menstrual cycle. In attributing such exaggerated importance to the monthly "purge" they were no doubt putting the cart before the horse, being misled by the fact that every major disturbance of health also interferes with the menstrual cycle. It remains true however, that there is still a very extensive field neglected, since the advent of hospital and laboratory medicine. What influences are exerted on the course of various diseases by the different phases of the menstrual cycle and how, conversely, different diseases act upon the cyclical function of women are questions of great practical and theoretical interest. These questions can only be answered by men who have followed the cyclical changes of their patients for long periods both before and after the occurrence of disease. Moreover, the most illuminating information on these points is likely to be obtainable from short-lived minor distur-

bances and not from the serious major ailments of health which are seen in hospital. For both these reasons, the general practitioner is the only man who can supply this missing knowledge. Unfortunately he has, by and large, lost both the aptitude and the leisure to record his experiences. There is a general feeling that ' that kind of thing" is best left to the "pundits" who can do it so much better. It is overlooked that there is a vast amount of necessary research (especially into the natural history and the long term management of disease) which in the nature of things cannot sucessfully be undertaken except by general practitioners.

Any practitioner, by keeping the basal temperature records of his female patients for a few years could put himself in the position of contributing, by their analysis, much needed information which is unlikely to be supplied by anybody else. Not only would we begin gradually to learn something of the true inter-relations of disease and menstrual function, but we might also get light on such long disputed questions as the relations of the date of conception to the date of confinement, the occurrence of ovulation in the human female and a host of others.

Thus, in the analysis of basal temperatures the general practitioner has a simple procedure which, with hardly any added expenditure of time, enables him better to serve his patients and his profession, and thus to uphold the professional status of general practice.—(*Med. World*, 5-9-1952).

NOTE :—We earnestly commend this procedure of recording basal temperatures for adoption by every educated young woman and by all family doctors, as by so doing, both stand to benefit a great deal.—Ed. HEALTH].

The Study of the Pulse

Long before the dawn of medicine, before the discovery of blood circulation, Chinese and Hindu physicians felt the pulse. They knew that somehow it was tied up with sickness and health.

Apparently the pulse rate was measured against the physician's respiration, about four beats to each breath, says Dr. D. Evan Bedford in the *British Heart Journal.*

Thus it was as important that the physician be at ease as his patient.

"The Chinese physician visited his patients in the morning before taking food and when he was free from all cares and distractions," Dr. Bedford says. "The patient's arm was placed on a cushion and felt at three separate places' by the physician's index, ring, and middle fingers.

"No rational basis existed for understanding the pulse," Dr. Bedford said. "It was only possible to describe what the finger felt and to interpret this empirically in terms of the primitive medical ideas of the time."—(*Today's Health and Science Digest* quoted by *Oriental Watchman*, Oct. 1952).

[NOTE :—Dr. Bedford would do well to ascertain from the writings of eminent practitioners of the Indian system of medicine, the rationale of the interpretation of pulse-reading by them. It will interest him to know that in India today, there are savants of this system whose "so-called empirical" diagnosis based on the *Tridosha* theory has been acknowledged as extraordinarily accurate and has often baffled and astonished the Allopaths. We do not hold any brief for practitioners of Indian Medicine, but we do certainly feel that it is not right for any one to draw unwarranted inferences about any system of medicine.—Ed. HEALTH].

Institutional Treatment of Tuberculosis of the Lungs

Dr. JOHN G. DAVID, Medical Superintendent,
The David Memorial Tuberculosis Hospital,
Mehmadabad, Kaira Dist., Gujarat.

THOUGH it may be feasible to treat successfully at home certain types of tuberculosis of the lungs, treatment in an institution has decided advantages over home-treatment.

A well equipped tuberculosis institution, deals both with the disease and the patient. Here, he is given a patient and sympathetic hearing and encouraged to develop and utilise his own natural resources to fight the disease. Further, he is adequately trained and instructed to prepare himself for his subsequent entry into routine useful life in society.

The basic principles of institutional treatment are rest, food, and fresh air. The value of these three important agents was dealt with in my previous articles that appeared in this journal.

On admission the patient is told to take absolute rest in bed and the period of such general resting would depend on the general physical condition of the patient and the extent of the tubercular affection in his lungs. When he is thus at rest, detailed examinations are carried out. X-ray pictures of the chest are taken, the blood, sputum and urine are also examined: careful observations are recorded. Later, specialised treatments (such as collapse-therapy, *e.g.*, A.P., P.P. etc,) are given by trained experts, as soon as the lung condition is considered fit and proper to receive such treatment.

Some form of chemotherapy is also given if and when specific indications are noticed. As the patient gradually improves, he is started on simple and graded exercises suited to his condition; he is thus slowly and gradually prepared and equipped to revert to normal life.

Readers of HEALTH will realise that this simple and necessary *regimen* of treatment, that is enforced in institutions, is not easy to be followed in the average middle class homes where special accommodation and specialized care and attention cannot be ensured all the time—which is the essence of the treatment.

Patient can choose:—Every patient can make his choice and select a place or institution that attracts him, or suits his taste. It is well to remember that the climate of elevated hill stations plays only a small part in the treatment and so it is really not necessary for successful treatment. Therefore, in selecting an institution the patient should

select that one which affords the best facilities for the treatment.

The patient and the staff:—On entering an institution the patient should realise that the staff employed there are as a body, intent on helping him in all ways to get fully cured and he should place implicit faith in them and their attentions and ministrations. Failure or remissness on the part of the patient to do so, has cost them heavily and even ruined some lives.

The X-ray, blood and other special examinations are done in order to study the case thoroughly and whatever is good for the patient to know from these results is told him and also recorded in his case sheet. It is not proper or for the good of the patient, that he should try to know the details of these technical reports. The highly educated persons are often found to indulge in this inquisitive procedure, even more than the uneducated, to the detriment of their progress caused by anxieties and worries of their own making, based on a wrong interpretation of the technical reports or stray remarks made therein, intended solely for the doctor's guidance. The patient should leave the doctor free to do the interpretations and formulate his plans of treatment.

Institutional discipline:—Many patients find it difficult initially to abide by the rules and regulations of an institution. The rules are framed as a result of ripe and wide experience, to help and guide the patient to follow the proper line of treatment, to observe necessary precautions against infecting others and to prepare himself for his future life on leaving the institution "discharged cured". All the rules are designed to serve this end and so there is no purpose gained in disobeying them. Some for example wish to smoke; others insist upon having children brought to see them often; and others again wish to go out now and then. There are a few who even object to spitting in the special cup provided, because it contains some disinfectant. These are unsocial acts harmful to themselves and to others, and will hinder progress. Therefore, whole-hearted co-operation and implicit conformity to the rules and regulations are absolutely essential.

There is a popular feeling that staying with other patients in the same ward will serve to increase the chances of infection. But this belief is totally wrong. On the contrary, patients are helped to increase their knowledge of the real facts. Old patients are often a source of great encouragement and guidance to the new admissions. Further, observations of the daily treatments given to patients in the wards, and the management of various complications create confidence in the patients and dispel their fears regarding specialised surgical treatments like A. P., P. P., etc. In properly managed institutions the patients are forbidden to use other's belongings, as this is a very essential precaution against infection.

Graded exercise:—As the patient improves in health, he is allowed graded exercises beginning from a few hours' sitting up in and near his bed, to walking from

half to one mile a day without exertion. These exercises form really part of the treatment and are therefore, controlled carefully by experienced doctors.

Preparation for discharge:—Every tuberculous patient longs to get back home as soon as he begins to feel better. But it is wrong to leave the institution before the doctor certifies him fit to do so. Before being discharged from the institution the patients are carefully tested for their physical condition, vitality and powers of endurance for work; in some institutions some kind of occupation is prescribed and followed. This helps the doctor to prescribe the nature and amount of work a patient may undertake on leaving the institution; and the patient thus acquires a confidence that he can do such work. The patient may freely express his special difficulties and discuss them with the doctor who, in turn will help and guide him out of those difficulties. Cured patients are sometimes helped by the Institutions to obtain suitable jobs on discharge.

How long to stay? :—Almost every patient asks this question on admission and it is very difficult to give an answer before studying and following the case carefully. It may be tentatively stated that an early case with mild lesions will need about four to six months' stay, while an advanced case will have to stay for from one to two years in an institution. The co-operation of the patient in the institutional *regime* really counts in the matter of deciding the duration of stay of the patient.

Statistics show that among patients who left the institution after completing their treatment, as per regulations, 60% were found in the follow-up studies to be alive and well, five years after leaving the institution; while among those who left earlier against medical advice, only 30% were alive, after 5 years.

Absence of fever and cough is not an indication that the disease is cured. It is for the doctor to decide the state of the patient, who may take his dicharge only on getting a clean bill of health. Otherwise the patient will be taking risks.

In conclusion, institutional treatment offers better treatment than what can be made available at home. Further the constant daily attention from experienced staff and the specific daily instructions, encouragement and help the patient gets from them, cannot be had at home.

The general knowledge one gains from his stay in an institution will materially help the patient in his later life and he will in turn, help to educate other people who have no knowledge of this disease.

Don't they deserve a rise?

Living on a professor's salary calls for strict budgeting; so when my husband had to take on overnight train trip he planned to sit up all night. I urged him to get a sleeping berth, telling him a good night's sleep was more important than the money. I thought I had convinced him But when he came home from buying his ticket he said apologetically "I thought it over carefully and I bought an ordinary ticket and *two sleeping pills* ?"—(Mrs. H.O.B. in *Reader's Digest*, Oct. '52).

CARE OF THE SKIN

The skin is the natural clothing of the body. It is also the body's first line of defence. When intact, it serves as an effective barrier against harmful germs always found upon its surface. It is important to keep the skin clean not only for æsthetic reasons but from a health standpoint as well. The daily bath not only assures cleanliness but may be made a bracing tonic for the skin.

The skin may be trained to endure low temperatures without discomfort.

The skin is capable of holding about two-thirds of all blood in the body. When the skin is filled with an excessive amount of blood, the brain and other internal organs may suffer from a shortage. This is the reason why a person may faint as the result of taking a too prolonged hot bath. The blood rushes to the skin. Fainting is due to an insufficient blood supply in the brain.

The skin is more richly supplied with nerves than any other part of the body. It also has a greater variety of sensory nerves, in fact, so many that it is capable of experiencing more sensations than any other bodily organ. The skin may be regarded as a keyboard which is played upon by light, heat and cold, in fact, with all the forces with which the body comes in contact. They all influence to a greater or lesser degree the numerous functions of the body. It is thus apparent that the proper care of the skin is a matter of considerable importance and should receive serious attention.

The skin has two sets of glands, one of which produces perspiration, the other, fat. Perspiration performs the same function for the body that the radiator does for the motor car, *viz.*, prevents overheating. The oily secretion of the fat glands serves as a protective covering for the skin and prevents excessive loss of heat and water.

The skin is richly supplied with muscles. Minute muscles are connected with the hair follicles. When a person is chilly they contract, and the hairs growing from the follicles with which they are connected are made to stand up straight.

The walls of the small blood vessels of the skin are also muscular structures. They assist in the movement of blood through the skin, and must be kept in a healthy state. These muscles are brought into play whenever the skin circulation is accelerated. This occurs during a cold bath or brief exposure to cold air. By making applications of this sort, daily, the blood vessels of the skin may be trained to such a high degree of efficiency that the skin becomes better able to protect itself when exposed to temperature changes. Its two sets of glands are supplied with an ample supply of blood and therefore perform their functions more efficiently.

When in addition to training by daily cold bathing in air or water,

the skin is tanned by exposure to sunlight, it is brought to the highest degree of health and efficiency. The whole body profits when the skin is maintained in this condition because of its increased efficiency as a defensive and regulating organ.

Heat and cold not only affect the muscles but the mind as well.

We are often told that the daily use of a particular brand of soap for a week or ten days will improve the complexion. The frequent use of soap and water on the face will at least remove dirt and grime and to that extent will bring about a decided improvement in a person's appearance, but it will *not* work the miracles we are asked to believe will follow the use of any advertised brand of soap.

Chapping of the hands is usually attributed to cold and moisture and washing the hands is frequently prohibited or ordered to be avoided as much as possible in treating this condition. A more frequent cause is neglect to remove all traces of soap after washing the hands. This is a natural result of the usual method of washing the hands in a wash bowl. Washing the hands in a running stream of water will overcome this difficulty.

During summer many persons will suffer from sunburn. So-called sunburn is really not a burn but an erythema, or redness of the skin due to congestion of the minute blood vessels of the skin, the capillaries. The effects are almost entirely confined to the superficial layers of the skin. Sunburn is chiefly due to the ultraviolet or shorter rays of the sun. It may also be produced by exposure to light rays from an arc lamp or a quartz light.

Little treatment is required for sunburn other than the application of soothing lotions Covering the affected surface with talcum powder usually affords some relief. If there is intense itching, this will be relieved by repeated touching with towels dipped in very hot water. The hot towel should be permitted to come in contact with the skin for only a second, then withdrawn. This procedure should be followed until the towel becomes cool enough to be endured. It may then be placed upon the parts treated and allowed to remain for a minute or two or until it cools appreciably.

During hot weather talcum powder may be applied over certain areas of the skin or even the entire body with advantage. The skin is thus made more comfortable by the lessened friction of the clothing. It is perhaps best to avoid powders containing orris root as many skins are sensitive to it and the result may be more or less severe inflammation.

When face cream or snow is applied to the skin and powder afterward, this may cause more or less harmful obstruction of the outlets of the skin glands. Such applications are especially harmful when the skin is already too oily or acne is present. They encourage the growth of the infecting bacteria to which acne is due. —*Good Health*, U.S.A., July 1952).

"Don't care" kills more people than care.

Hazards of Blood Transfusion

Dr. A. BECK, M.D., Hampstead, London.

THE last twelve years have seen a remarkably large increase in the number of blood transfusions given to patients suffering from grave diseases and from the results of serious accidents. There has also been a great expansion of our knowledge of blood groups. Up to 1940, it was thought that all that was necessary for safety was the agreement of the A.B.O. groups of the blood donor and the patient. In the majority of cases this rule was found to be correct, but doubts about its uniform validity were raised by the occasional occurrence of severe reactions after transfusion with apparently incompatible blood. The discovery of the Rh-antigen by Landsteiner and Weiner in 1940, and of other blood group systems in the subsequent years, has thrown some light on the cause for these unexpected reactions. Incompatibility may be due sometimes to the presence of a powerful antibody in the donor's blood. This is a contingency which is difficult to predict, unless the donor's serum is tested also for its antibody content. This is not usually done. Accidents due to incompatibility of this type have occurred, when blood from O group persons—who are still wrongly considered to be "universal donors"—is given to patients of the A. B. O. group. The giving of O blood to other than group O persons should therefore, be avoided.

Incompatibility accidents can be prevented by careful determination of the donor's and recipient's A. B. O. and Rh groups and by direct cross-matching of the donor's blood cells with the patients' serum. Mistakes may occur not only in the performance of the tests but also in the recording of results and in the issue of blood from the storage room to the wards. Careful asepsis in the withdrawal of blood samples from the containers, for matching and constant attention to the proper refrigeration of the blood from the time of its withdrawal till its transfusion should prevent the dangers of transfusion toxæmia due to heavy bacterial contamination (resulting from careless handling and manipulation). There is sometimes a risk of jaundice developing in the patient as a result of the transfusion. This risk is much less when whole blood is transfused than when plasma or serum is used for the purpose. The jaundice does not usually develop till long after the transfusion and often appears without premonitory symptoms. The actual process of transfusion requires very accurate and faultless technique and particular care in the assessment of the volume and rate of flow of the blood injected into the patient. Great caution is necessary to avoid overloading the already impaired circulation of the patients with chronic anæmia, by giving the blood at too fast a rate. Transfusion is thus an

extremely valuable and life saving form of treatment which, when carried out with proper precautions, should be almost without risk. –(From *The Medical Press*, No. 5896, dated 7-5-'52).

Charity is not Mass Produced

WORTHY desire sometimes cloaks unworthy principle. This may be happening in the present tendency to federate fund-raising for charity. Nothing could be more worthy than charity. To give to others is the ultimate proof of civilization and maturity. But when charity takes on the aspects of mass production and dictatorial direction it becomes something other than charity. Hidden beneath the golden cloak of charity is the leaden foot of authoritarianism.

The very word *'charity'* implies something to which the principles of big business can never apply. It is derived from the Latin *'Caritas'* meaning dearness, or love. First definition in Webster is "Christian Love". This is closely followed by "Divine love for man —act of loving all men as brothers because they are the sons of God". Thus, true charity is an expression of warm human interest in the lives of others. It is an overflow from the deepwell of kindliness within and carries with it the gift of money or goods. The word "*charity*" does not seem to fit very well when the giver, just to avoid embarrassment, parts with a sum of money, neither the amount of which nor the destination of which is determined by himself.

The person who gives charitably should be free to choose the individuals or groups to whom he is to give. He should know who is to receive his money and how it is to be used. He should be convinced that the need is great and the expenditure is sound. Such individual freedom and individual responsibility are largely lost in federated giving. Amounts to be raised are determined not by the interest of the giver but by a board of experts. They, impersonally and with great impartiality direct an affair which should be intensely personal and decidedly partial. No man should tell another whom he should love.

Charity is one of the divine attributes of mankind. Like Portia's quality of mercy it "blesses him that gives and him that takes". There should be no restraint of charity. It should come freely from the heart, for it is truly the result of individual generosity. It is not subject to mass production. –(Editorial, *North-West Medicine*, September 1952).

The reason why a rupee won't do as much now as it once did a few years ago, is because people won't do as much for a rupee today as they did twenty years ago.—Adapted from *Country Gentleman.*

* * * * *

A woman is as old as she looks. A man is old when he stops looking.—*B. Preston.*

The Difficulty of Being Unsuspected

For people to live a life which appears to the others as blameless, bland and innocent, is becoming increasingly difficult with the advance and progress of civilization. A man who casts languishing glances at a glass of lemonade is suspected of knowing something of the mysteries of the stone crock. A woman who wears her skirts below the knees is considered to have been treated unfairly by Dame Nature. The idea of the ulterior motive is becoming increasingly and irritatingly prevalent. There is an opinion that everyone is using all his wit to make a trade or deal of some kind or other. As a result of this commercialized view of life, all of us have become suspicious characters. Every one suspects every other man ! When we receive a kind invitation to tea, dinner or lunch, we wonder what social game is afoot. When our old and tried family doctor suddenly discovers appendicitis, we start speculating, meanly enough, that his car is badly in need of a new set of tyres. !! And the moment we meet a new acquaintance this process of appraisal begins. In very short, we try to have every one ticketed and docketed ; we are forearming ourselves, because we are suspicious.

If on a cool autumn day, a wife kisses her husband with gratifying zeal, we begin to wonder if her last year's set of furs is not just a little too shabby to go through another winter, and if a husband telephones in a most serious tone that he is detained at the office and will be returning home late, the wife's mind instantly sniffs the approach, at mid-night of a clove-alloyed breath (revelry and drinking at the social club !) The fact is we are terribly suspicious of our loved ones, of our neighbours, and perhaps also of ourselves. I wish it were easier to be unsuspected. *This suspicion of the ulterior motive is robbing us of many of the simple enjoyments of life !*—(*Scribner's Magazine*, Feb. 1952).

Love's Old Sweet Song—The Biter Bit

One evening in November 1940, my sister and I sat before the fire reading aloud snatches of letters from our current heart-throbs. Father made an effort to appear engrossed in his newspaper, but finally he exploded "God deliver me from such sentimental trash !"

At that Mother laid down her knitting and quietly left the room beckoning us to follow ; when we all came back, we told father, who was still muttering and grousing about the younger generation, that he hadn't heard the worst. My sister proceeded to read a letter, so dripping with sentiment that it made the previous ones seem very mild.

"Never, never in all my life have I heard such a thing", Father shouted, "I forbid you to answer that letter". We let him rave on, then smugly showed him the letter. Dated June 1st, 1915, it was addressed to my mother and signed by—my father ! !—(Mrs Daniel J. Bell in *Digest*).

A Hospital is not a Hotel for Sick People

Dr. R. M. Cunningham Jr., the able Editor of the *Modern Hospital* says, "A hospital is not just a hotel for sick people. As a business, the hospital may be likened to a department store in a big firm, in which the merchandise is ordered by accident, the customers are hauled in and held against their will and the employees are supervised by a group of strangers over whom the management has little, if any control...In business, the management seeks constantly to buy cheap and sell dear. In the hospital, the management is frequently compelled to buy dear and is always obligated to sell cheap. In business, the management can do anything that is legal to attract *desirable* customers, and it rejects those it regards as undesirable. In the hospital, circumstances decide who the customers shall be and there isn't much that the management can do about it, if a disproportionately large number of them turn out to be undesirable or insolvent. In business, the management exerts full authority over the employees ...In the hospital, the management hires the employees, but the most important of them are supervised by a group—you doctors, that is—which often shows little understanding or sympathy for the management's problems. In the hospital, the management has a moral obligation to make replacements and capital improvements at a rate which would bankrupt most businesses." Cunningham says "the hospital is a tool for the physician and it should be a good tool." The physician must do his share in keeping it in good working order. He concludes by saying "the difference between a population that thinks hospital management is inefficient and the hospital costs are extravagant and a population, that thinks hospitals are worth what they cost, may ultimately be the difference between a population that votes for socialized medicine and one that votes against it"—(*N. W. Med*, pp. 767–768, vol. 51, Sepr., 1952).

ILLITERATE SCIENTISTS

Not only are our lives complicated by the technicalities of science, but the pursuit of these technicalities is becoming an end in itself. Recently Sir Frederick Handley Page, speaking at a dinner in London said, "It is said that 50 to 60 per cent of University students are still taking cultural subjects when they should be taking sciences that would fit them for industrial technology." So that is what we have come to! It is nothing less than sad—or even deplorable that half of our University students still prefer "cultural subjects"(there seems to be an implied sneer in the phrase) to rushing down the Gadarene Slopes of unbridled technology. Well has it been remarked that we are in grave danger of becoming a *nation of illiterate scientists!* Science, scientists should remember, is only a means to an end—a short cut to the "good life". It is not much good toiling to reach the promised land if we have no idea, what to do when we actually get there.–(*Med. Press*, No. 5896, '52).

Non-Medical Persons Help in the Progress of Medicine through Centuries

EVERY non-medical person who has helped to advance the healing arts, has for long time past been discounted, jeered and derided as 'a charlatan', 'magnetic healer', 'quack' and what not. Elizabeth Kenny the American nurse whose methods revolutionized the treatment of poliomyelitis was one of the recent targets. The best answer to this sarcastic sneering was supplied by Oliver Wendell Holmes who reminded the arrogant doctors that medicine learned "from a Jesuit how to cure agues, from a friar how to operate for the stone, from a soldier how to cure the gout, from a sailor how to keep off the scurvy, from a postmaster how to sound the Eustachian tube, from a dairymaid how to prevent smallpox and from an old market woman how to catch the insect causing itches." Louis Pasteur the great French savant who was the father of bacteriology and biochemistry and who discovered the cause of rabies and anti-rabic vaccination, also the vaccination against smallpox was not a medical man, but only a chemist. Similarly there have been numerous men and women in all parts of the world who had no medical education but who have contributed to the progress of medical science in successive centuries."

Smoking and Lung Cancer

EVERY man over forty-five who is a heavy smoker should have an X-ray examination annually for the detection of possible cancer of the lung. This advice was given by Dr. I. Winthrop Peabody, of George A. Washington University, in an address before the American Medical Association in Chicago. This form of cancer is increasing steadily and is confined chiefly to those who use tobacco in large amounts. Unfortunately the malignancy does not in its early stages warn the victim by any symptoms. Later a cough may develop but this is no doubt often attributed to the throat irritation about which so much is said in cigarette advertising. By that time it may be too late for an operation. Even with the aid of X-rays, diagnosis is not always certain.—(*Good Health*, U.S.A., Sep. 1952).

News and Notes

A Cow-Keeping and Milk Problem Conference will be held at Dum Dum Cantonment, Calcutta-28 on 28th December 1952.

The provisional scheme for discussion includes the :—(*a*) problem of slaughter of cows; (*b*) establishment of salvage farms for dry cows ; (*c*) problem of fodder and grazing grounds ; (*d*) solution of shortage in milk supply ; (*e*) revival of the ideal of *go seva* and keeping a cow in every home for milk supply to the family; (*f*) supply of milk to school children ; (*g*) formation of Co-operative Societies in the villages to help owners of cows ; (*h*) problems of dairy industry and other allied topics.

There will also be held an Exhibition and a Cattle show.

PUBLIC LIBRARY

Medical and Health Topics from Periodicals

Giant mechanism for cancer treatment.—The largest X-ray machine in the world has been set up at the medical school of the University of California in San Francisco. It is called a synchrotron and has a power of seventy million volts. It is to be used in treating deep-seated cancer. It will penetrate a depth of four inches. No previous apparatus could go in farther than an inch and a half.—(*Good Health*, U.S.A., July 1952).

Diabetics and rice diet.—The rice diet devised by Dr. Walter Kempner, of Duke University, was originally intended to reduce blood pressure. It has recently been tried on fifty patients with diabetes, high blood pressure and kidney disease. Dr. Kempner reports that the diet was well tolerated and that in a significant number of cases it lowered both the blood sugar level and insulin requirements—(*Good Health*, U.S.A., July 1952).

Hereditary longevity.—Long-lived mothers are more important than long-lived fathers in assuring longevity. This conclusion was reached by Dr. E. Jalavisto, of Finland, after studying the records of 18,000 individuals. Offspring of young mothers are likely to attain greater age than those of older women. These disclosures were made at the International Gerontological Congress in St. Louis.—(*Good Health*, U.S.A., July 1952).

Pædiatric nursing instructor for Madras hospital.—Miss M. F. Nordquist, Instructor in Pædiatric Nursing, attached to the World Health Organisation, who arrived in Madras from Delhi recently, took charge of her appointment as Instructor at the General Hospital Madras. She has been assigned here for two years to assist in further developing the nursing aspect of child care at the Hospital.

Before joining the World Health Organisation, Miss Nordquist was Instructing Supervisor at the Children's Hospital of the East Bay, Oakland, California. Previously, she had held the post of Pædiatric Supervisor and Instructor at the Orange County Hospital, California.—(*The Hindu*, Madras)

D.D.T. factory.—The proposed DDT factory in Delhi is expected to go into production ten months earlier than the scheduled date, it was stated at Delhi on 13-11-'52.

The United Nations International Children's Emergency Fund, along with the WHO co-operating with the Government of India in setting up the factory has, it is learnt, decided to divert to India the plant which was originally to go to Ceylon. The despatch of this plant is said to be almost ready and it is expected to arrive here in January or February next. The plant which has a capacity to produce 700 tons of DDT annually will go into production in the third quarter of 1953 instead of the scheduled date of June 1954.

The cost of the plant is borne by the UNICEF while the World Health Organisation will provide highly skilled technical personnel for the erection of the factory and its initial operation: They will also train Indian technicians.—(*The Hindu*, Madras).

It pays to be calm.—Often symptoms attributed to heart trouble are merely the result of emotion arising from personal problems and the neurotic condition of our world. There may be such manifestations as shortness of breath, palpitation and rapid or irregular pulse, writes Dr. Theodore R. Van Dellen, of Northwestern University, in the *Chicago Tribune*. The assurance of a physician that there is no organic difficulty should relieve the worry which so frequently accompanies this situation. But when the heart is abnormal, it is subjected to additional stress in periods of nervousness and anxiety. With such persons, runaway emotions may make the heart work just as hard while they are sitting in a chair as if they had climbed two flights of stairs Likewise in persons with high blood pressure; anxiety tends to raise the pressure level, and may be responsible for fatigue, palpitation, shortness of breath and a feeling of tightness across the chest. Indeed, even those whose circulatory system is in good order, may feel all tired out from emotional upsets alone. It should be perfectly clear that for health, equanimity should be preserved to the greatest possible extent.—(*Good Health*, U.S.A., July 1952).

Don't wait until disease strikes.—A great deal now appears in medical literature about gerontology and geriatrics, which mean the science of old age and the special field of medicine devoted to diseases of the elderly. The implication is that this branch of the healing art is set apart from general practice as clearly as is that of pædiatrics (the diseases of children.) Dr. Malford W. Thewlis disagrees with this idea, as he told members of the American Geriatrics Society, meeting in Atlantic City (*Science News Letter*). There is no sharp change in medical problems with advancing age. The logical view is that preventive geriatrics should begin at twenty and actual geriatrics at forty. The aged would have fewer ailments if they could have been pursuaded in earlier years to live so as to avoid them to a greater or less extent. When the later decades have been reached, it is important to keep men and women as active as their strength allows.

In the *Journal of Gerontology* (Vol. 6, p. 380) Dr. R. W. Kleemeier tells of an experiment in a home for aged men. The inmates were encouraged to help in the tasks about the place. Nearly one-half preferred to be idle. The workers were found superior to the others of comparable health status as regards cheerfulness and physical condition.—*Good Health*, U.S.A., Sept. '52).

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